

General Information:

Parent/Legal Guardian name (please print): _____

2017 PARTICIPANT REGISTRATION FORM

General Information:

Participant Name: _____ Birth date: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Medical Information

Please complete this information to help us better serve you. Please check any that apply.

☐ Seizure Disorder ☐ Heart Disease ☐ Diabetes

☐ Traumatic/Acquired Brain Injury ☐ Bleeding Disorder ☐ Lung or breathing disorder

☐ High Blood Pressure ☐ Life Threatening Allergies ☐ Dementia

☐ Loss of Balance ☐ Weakness or Paralysis of Extremities: ☐ Left ☐ Right

Have you fallen in the past 5 years? Y N If so, please explain _____

☐ Other (Please explain): _____

Please explain any medical information checked _____

Confidential Questions

So we can better serve your needs, please complete the following:

Height _____ Weight _____

☐ Yes ☐ No Can you independently form a watertight seal with your mouth?

☐ Yes ☐ No Can you independently hold your head up in the water?

☐ Yes ☐ No Can you independently turn face up in the water while wearing a life jacket?

☐ Yes ☐ No Can you alert program staff to your needs?

☐ Yes ☐ No Will you be able to refrain from behaviors that pose a risk to yourself and/or others? (i.e. Pica, aggression, lack of safety awareness, wandering away from the group)

☐ Yes ☐ No Will a Personal Care Assistant accompany you?

If yes, please provide his/her name _____

☐ Yes ☐ No Do you carry any medication?

If yes, please describe _____

Please offer any additional information you feel program staff should be aware of for your safety and comfort, such as location of essential medications you carry or any special accommodations needed:

